

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039694

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 5521 Registrar's No. 4D

FILED NOV 6 1963

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Center</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Donald J. Byrne</u>		d. STREET ADDRESS (If outside, give location) <u>423 East Sea</u>	

3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>J.</u> Last <u>Byrne</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>31</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 25, 1916</u>	9. AGE (last birthday) <u>47</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>
11. BIRTHPLACE (City and state or country) <u>Independence Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Garland Leas Byrne</u>			13b. MOTHER'S MAIDEN NAME <u>Thora Jorgensen</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			15. SOCIAL SECURITY NO. <u>UNKNOWN</u>		
16. INFORMANT <u>Thora Byrne-428 East Sea</u>			17. NAME OF HUSBAND OR WIFE <u>None</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DROWNING</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>While Swimming</u>
20c. TIME OF INJURY Hour <u>11:45</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <u>8-31-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake</u>	20f. CITY, TOWN, OR LOCATION <u>Wheatland</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____		COUNTY <u>Hickory</u> STATE <u>Mo</u>
Death occurred at <u>11:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Robert R. Halloway-Corcoran</u>	(Degree or title)	22b. ADDRESS <u>Wheatland, Mo.</u>	22c. DATE SIGNED <u>Aug 31-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>1310N River-Independence, Mo</u>
24. FUNERAL DIRECTOR <u>Speaks Funeral Home-Independence, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Aug 31, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

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Signed Thomas Albert Delaney

P. O. Address W. Hall and Mrs

If this body is not embalmed, fact should be so stated above.